

McInnis Canyons National Conservation Area Advisory Council Background Information Nomination Form

Submit a completed **NOMINATION FORM, NOMINATION LETTERS AND ANY ATTACHMENTS** to the address listed below no later than **October 14, 2005**.

McInnis Canyons National Conservation Area
Bureau of Land Management
2815 H Rd
Grand Junction, CO 81506
Attn: MCNCA Advisory Council Nomination

For additional information contact: **Paul Peck, 970-244-3049**

Nominee's Full Name:

Business Address:

Business Phone:

Home Address:

Home Phone:

Email:

Occupation/Title:

Education: (college, degrees, major field or study)

Career Highlights: (significant related experience, civic and professional activities, elected offices (if term expires, prior advisory committee experience or career achievements related to the interest to be represented)). **Attach additional pages as necessary.**

QUALIFICATIONS: (education, training and/or experience)

Experience or knowledge of the council's geographic area of jurisdiction:

Experience in working with disparate groups to achieve collaborative solutions (e.g., civic organizations, planning Commissions, school boards):

Indicate Areas of Interest:

- ☐ Federal grazing permit, or other land use permit within the MCNCA
- ☐ Transportation of rights-of-way, off-highway vehicle use, or commercial recreation interests
- ☐ I represent a nationally or regionally recognized environmental organization
- ☐ Archaeological and historic interests
- ☐ Dispersed recreation interests
- ☐ I hold State elected office
- ☐ I hold county, or local elected office
- ☐ I am an employee of a State agency responsible for management of natural resources
- ☐ I am academician involved in natural sciences
- ☐ I represent Indian tribes

Indicate Specific Area of Interest to Represent:

- ☐ I represent Mesa County Commissioners
- ☐ I represent the Northwest Colorado Resource Advisory Council
- ☐ I represent the public-at-large

Indicate any BLM permits, leases or licenses that you hold:

Attach two letters of reference from interests or organizations to be represented (*required*):

Nominated by:

Name, address and phone number:

Privacy Act Statement:

The authority to request this information is contained in 5 U.S. C 301, the Federal Advisory Committee Act, and Part 1784 of Title 43, Code of Federal Regulations. It is used by the appointment officer to determine education, training, and experience related to possible service on an Advisory Council of the Bureau of Land Management. If you are appointed as an advisor, the information will be retained by the appointing official as long as you serve. Otherwise, it will be destroyed or returned (if requested) within 60 days following announcement of the Council appointments. Completion of this form is voluntary. However, failure to complete any or all items will inhibit fair evaluation of your qualifications, and could result in you (or your nominee) not receiving full consideration for appointment.

Signature

Date